



# Public Protection Cabinet

## Department of Insurance

P. O. Box 517 - Frankfort, Kentucky 40602-0517  
(800) 595-6053 - <http://doi.ppr.ky.gov/kentucky>

### **CONFIRMATION FORM:**

**Instructions:** Please complete this form and return in the enclosed, stamped, addressed envelope. IF THE ANSWER TO ANY ITEM IS "NONE," PLEASE SO STATE. [Note: If the space provided is inadequate, please enter totals hereon and attach a statement giving full details as called for by the columnar headings below.] **Return form to the above address: Attn. Russell R. Coy, Captive Coordinator.**

\_\_\_\_\_  
(Bank)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Account Name Per Bank Records)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Authorized Signature) (Date)

1. At the close of business on \_\_\_\_\_, our records showed that the following cash and security balance(s) to the credit of the above named customer.

(To be completed by ISSUING Institution ONLY)

2. Trust or Custodial Account		Per Attached Trust of Custodial Account Statement	Any loans, liens or other hypothecations against this account?	Remarks
Cash Balance	Account Number			
\$	#			
Securities Balance	Account Number			
\$	#			
\$	#			
\$	#			

3. Checking or Other Account		Subject to withdrawal by check?	Interest Rate	Any loans, liens or hypothecations against this account?	Remarks
Cash Balance	Account Number				
\$	#				

4. Please list the names of individuals that are signers on the above account(s) and if there is more than ONE signature required.

5. I certify that the above answers are correct and complete to the best of my knowledge.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Issuing Institution)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Authorized Signature)